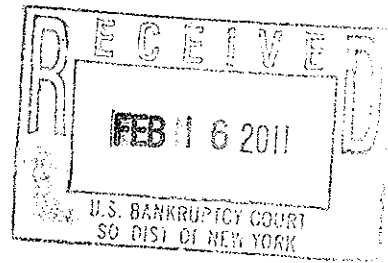


February 8, 2011



VIA FEDERAL EXPRESS

Hon. Robert E. Gerber
United States Bankruptcy Court
Southern District of New York
Alexander Hamilton Custom House
One Bowling Green
New York City, NY 10004

RE: Creditors: Salvatore and Vivian Sciortino
Debtor: General Motors Corporation, et al.
Claim No. 58688 Motors Liquidation Co., GMC Chapter 11
Case No. 0950026 REG (Pension Benefits of Former Employees)

Dear Judge Gerber:

We are creditors in the bankruptcy proceeding filed by General Motors Corporation ("General Motors"). Our names are Salvatore Sciortino and Vivian Sciortino. I have been also referred to as Sam Sciortino or Samuel Sciortino, in addition to Salvatore Sciortino, in various legal documents. Also, we currently reside together as husband and wife at 461 Chambers Street, Spencerport, New York 14559, and previously resided at 2502 South Union Street, Spencerport, New York 14559.

We are representing ourselves, *pro se*, and request that you file this correspondence as our objection to the recently issued Notice of Debtors 188th Omnibus Objection to Claims which response is required by February 22, 2011. Our understanding is that a hearing date has been scheduled before Your Honor for March 1, 2011. We previously submitted a Proof of Claim form and supporting documentation on or around November 23, 2009, a copy of which is enclosed herewith, and have been consistently corresponding with the Court since that time.

Please be advised that I, Salvatore Sciortino, have retired through General Motors and have remained eligible for total and permanent disability as a result of an approved disability claim with General Motors. The disability claim is a result of a work-related injury at the Rochester Products, Inc. plant formerly located on Lee Road in Rochester, New York, which then became Delphi. Following this injury, I have consistently been on an uninterrupted worker's compensation/permanent disability leave.

The purpose of my objection is based upon the ground that General Motors should remain liable for my injury sustained on the job and continue payment of all retirement pension benefits including disability and workers compensation. Said combined benefits should continue uninterrupted until a determination is made by the

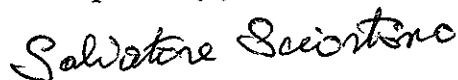
Workers Compensation Board with regard to ineligibility and, respectfully, not by any other court or persons. My understanding is that the ERISA Insurance Retirement Pension Protection benefits that are to take affect do not guarantee employment, retirement or disability rights. I respectfully request that this Court not discharge any contract entered into prior to the bankruptcy, specifically my workers compensation, disability, and pension benefit contract, until the disability has been terminated. My case is open, I am receiving disability benefits, and my disability has not terminated whatsoever. I contend that you will agree that any termination should be within the jurisdiction of the Workers Compensation Board of the State of New York and not any other court or persons.

As indicated, I enclose with this letter a copy of my November 23, 2009 correspondence as well as the Proof of Claim and enclosures which indicate that my current monthly pension benefit is a gross amount of \$654.36, and net payment is \$601.36 following deductions. My weekly worker's compensation disability benefits are set at \$135.00 per week. I should be permitted to remain eligible for health care benefits including medical, dental, and vision, and not subject to any termination by the result of the bankruptcy court filing by General Motors. In addition, I have enclosed copies of all of my stock certificates I obtained during my employment with General Motors. All of the workers compensation, disability, and pension benefits should all be honored and not discharged as a result of the bankruptcy filing.

It is for this full value that we hereby object to any discharge, disallowance, or expungement of our legal claims. By copy of this letter correspondence with enclosures to the Garden City Group, Inc., Attention Motorists Liquidation Company Claims Processing, 5151 Blazer Parkway, Suite A, Dublin, Ohio 43017 we are providing the Garden City Group Inc. with notice of our objection as well.

Please contact us if you require any additional information or documentation and we will gladly abide by any Court Order.

Respectfully yours,



Salvatore Sciortino



Vivian Sciortino

cc: Garden City Group, Inc., Attn: Motorists Liquidation Co.

01791592

APS0604632623

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Your Claim is Scheduled As Follows:

Name of Debtor (Check Only One):
☒ Motors Liquidation Company (E/k/a General Motors Corporation)
☐ MLCS, LLC (E/k/a Saturn, LLC)
☐ MLCS Distribution Corporation (E/k/a Saturn Distribution Corporation)
☐ MLC of Harlem, Inc. (E/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.
 09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **SALVATORE SCIORTINO and Vivian Sciortino**

Name and address where notices should be sent:

SALVATORE SCIORTINO and Vivian Sciortino
 461 CHAMBERS ST
 SEENGERPORT, NY 14559-9788

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Telephone number:
 Email Address:

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number:

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ 14,332.32 (annually) plus \$2,475 (dental charge)
 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.
☒ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. plus shares of stock (value)

2. Basis for Claim: See attached sheet
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1158 (pension)
9344 (work. comp.)
 3a. Debtor may have scheduled account as: stock (additional value)
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
 Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other
 Describe:

Value of Property: \$ _____ Annual Interest Rate: _____ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Date:
 11/23/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Salvatore Sciortino
 Salvatore Sciortino

Vivian Sciortino
 Vivian Sciortino

FOR COURT USE ONLY



If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☒ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (507(a)(2)).

☐ Other: Specify applicable paragraph of 11 U.S.C. § 507(a)().

Amount entitled to priority:

\$ 16,807.32 plus stock value

* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

November 23, 2009

United States Bankruptcy Court
Southern District of New York
Alexander Hamilton Custom House
One Bowling Green, NYC 10004-10601

RE: Creditors: Salvatore and Vivian Sciortino
Debtor: General Motors Corporation, et al.

Dear Bankruptcy Court Judge or Clerk of the Court:

We are creditors in the bankruptcy proceeding filed by General Motors Corporation ("General Motors"). Our names are Salvatore Sciortino and Vivian Sciortino. I have been also referred to as Sam Sciortino or Samuel Sciortino, in addition to Salvatore Sciortino, in various legal documents. Also, we currently reside together as husband and wife at 461 Chambers Street, Spencerport, New York 14559, and previously resided at 2502 South Union Street, Spencerport, New York 14559. We provide this additional information in the event there are various legal documents with a former address from our current address.

Initially, at this time, we are representing ourselves, *pro se*. However, we understand that our son, Michael A. Sciortino, Esq., of the law firm of ChamberlainD'Amanda in Rochester, New York, has made an application to be admitted *Pro Hac Vice*, and we respectfully ask the Court to grant the application to then continue with the representation of us in the United States Bankruptcy Court with regard to this matter.

Second, we submit this statement in addition to the Proof of Claim form and all other supporting documentation attached to the form and request that the Court accept this statement in addition to the Proof of Claim and supporting documentation.

Please be advised that I, Salvatore Sciortino, have retired through General Motors and have remained eligible for total and permanent disability as a result of an approved disability claim with General Motors. My current monthly pension benefit is a gross amount of \$654.36, and net payment of \$601.36 following deductions. I am also on workers compensation disability benefits and my weekly benefits are set at \$135.00 per week. The workers compensation claim is through Sedgwick Claims Management Services, Inc. which maintains an address of P.O. Box 69, Southfield, MI. 48037-0069. It is my position that I be permitted to remain eligible for health care benefits including medical, dental,

and vision, and not subject to any termination by the result of the bankruptcy court filing by General Motors. I have also submitted the total amount that I receive annually as a result of the disability and workers compensation. Specifically, it is an annual amount of \$14,332.32, a monthly amount of \$1,094.36.

It is my position that both of these benefits should be extended and paid through the bankruptcy proceeding in addition to the dental service which I have attached which was not paid as a result. The total amount for dental services provided to me was \$2,475.00. I am also seeking payment of that claim as well.

I wish the Court to know that I have been a laborer my entire life reporting to work on a timely basis and performing all duties required of me. Specifically I worked at Rochester Products Inc. on Lee Road in Rochester, New York, which then became Delphi. Throughout my entire working career, my labor position required me to lift heavy boxes containing carburetors and canisters which were then used on the line by me and others in building these carburetors to be used in vehicles. This was hard work, and I was proud of my job and my work. Unfortunately, it seems as though I have lost my employment rights, specifically, the right to return to work, as I have not been permitted to perform even a light duty job within my restrictions. I have been disabled for many years and can substantiate this disability through the medical records submitted to the Worker's Compensation Board.

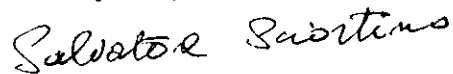
With regard to my claim, and that of my wife, Vivian Sciortino, as a Joint Tenant with a Right of Survivorship, for the par value of the issued shares of stock, to us, I enclose the following stock certificates:

1. General Motors Stock No. NE402-603 consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants with Right of Survivorship and not as Tenants in Common, on February 8, 1968, and registered with Chase Manhattan Bank;
2. General Motors Stock No. NX330285 (Account No.: 17094-58256 and CUSIP No.: 370442 10 5) consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants, on March 31, 1989, and registered with Morgan Shareholder Services Trust Company; and,
3. General Motors Stock No. NX944523 (Account No.: 58001 069-40-9190 and CUSIP No.: 370442 10 5) consisting of thirty (30) shares fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Salvatore Sciortino, on May 17, 1989, and registered with Morgan Shareholder Services Trust Company.

The itemized stock certificates are all submitted in addition to the other documentation referenced above, all in support of our Proof of Claim form.

Please contact us if you require any additional information or documentation and we will gladly abide by any court order.

Very truly yours,

A handwritten signature in cursive script that reads "Salvatore Sciortino".

Salvatore Sciortino

A handwritten signature in cursive script that reads "V. Sciortino".
Vivian Sciortino

cc: Michael A. Sciortino, Esq.

Sedgwick Claims Management Services, Inc
PO Box 69
Southfield, MI 48037-0069

DATE	CHECK AMT	CHECK NO.
09/23/2009	135.00	0001524329

PAYEE	TAX ID
SALVATORE SCIORTINO	

SCMS UNIT	PAGE
181 Sedgwick Claims Management Services	001

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0001524329 00001 OF 00001 OAM 090923 1009

.....

SALVATORE SCIORTINO
461 CHAMBERS ST
SPENCERPORT NY 14559

Claimant Name	Loss Date	Claim Number	SSN
SCIORTINO, SALVATORE	09/20/1994	8119119334-0001 01	
Amt Paid: 135.00	Description: Perm. Partial-Unscheduled		
Dates: 09/14/2009 - 09/20/2009	Comment:		



Explanation of Benefits

(THIS IS NOT A BILL)

www.deltadentalmi.com

Patient Name: **SALVATORE SCIORTINO**
Date of Birth: **03/30/1943**
Relationship: **SUBSCRIBER**
Subscriber: **SALVATORE SCIORTINO**

Business/Dentist: **MAHENDRA S VORA**
License No.: **38975 / NY (NPI: 1447351341)**
Check No.:
Issue Date: **09/08/2009**
Receipt Date: **08/19/2009**
Claim No.: **0908283109031**



GO GREEN! A NEW CONSUMER TOOLKIT FEATURE ALLOWS YOU TO STOP DELIVERY OF PAPER EXPLANATION OF BENEFITS (EOB) STATEMENTS AND INSTEAD VIEW AND PRINT EOB'S ONLINE. ONCE ENROLLED, EMAILS WILL BE SENT TO YOU WHEN NEW EOB'S ARE AVAILABLE FOR VIEWING IN CONSUMER TOOLKIT. GO TO WWW.DELTADENTALMI.COM/CONSUMERTOOLKIT AND SIGN UP TODAY!

Pay To: C = Custodial Part
S = Subscriber
P = Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Per Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
CLIENT/ID: 5470 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PLAN: DELTA DENTAL PLAN OF MICHIGAN SUBCLIENT: 0999 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PRODUCT:											
13		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP13000, AP16002, AP21005											
14		PONTIC	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP16002, AP13000											
15		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP13000, AP16002											
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT. AP21005 PAYMENT WAS NOT MADE FOR THIS SERVICE SINCE THE LINE ITEM WAS NOT DATED WHEN THE PREDETERMINATION WAS SUBMITTED FOR PAYMENT OR IT WAS NOT A PART OF THE ORIGINAL PREDETERMINATION REQUEST. PLEASE SUBMIT A NEW CLAIM FOR THIS SERVICE. AP16002 THE CLIENT/SUBCLIENT DENTAL COVERAGE WAS NOT IN EFFECT WHEN THIS SERVICE WAS PERFORMED OR PROCESSED FOR PREDETERMINATION. AP13000 THE ENROLLEE WAS NOT ELIGIBLE ON THIS DATE OF SERVICE/PREDETERMINATION.											
Total			2475.00	0.00	2475.00	0.00					

FOR INQUIRIES: 1-800-524-0149

CLAIMS PROCESSED BY:
DELTA DENTAL
P.O. BOX 30416
LANSING, MI 48909-7916

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists. For inquiries regarding participating dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should have been paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 180 days of your receipt of this EOB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request. If your claim is denied in whole or in part after the review, you have the right to seek to have your claim paid by filing a civil action in court within one year from the final denial.

000000000594

SALVATORE SCIORTINO
481 CHAMBERS ST
SPENCERPORT, NY 14559-9788

ANTI-FRAUD TOLL-FREE HOTLINE 1-800-524-0147
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

GM HOURLY PENSION PLAN

Payment Type: Installment
Check Number: 00407731158
Check Date: October 1, 2009


Funding Breakdown
HOURLY PENSION PLAN \$654.36

SALVATORE SCIORTINO
Questions? Please call 1-800-489-4648

Description	Current	Year to Date
GROSS PAYMENT	\$654.36	\$7,077.00
NON-TAXABLE	\$0.00	\$533.40
MEDICAL ADJUSTMENT	\$0.00	\$11.00
UNION DUES	\$2.00	\$20.00

Description	Current	Year to Date
TAXABLE	\$654.36	\$6,543.60
MEDICAL COVERAGE	\$11.00	\$22.00
RECOVERY OF SAT BEN	\$40.00	\$400.00
NET PAYMENT	\$601.36	\$6,624.00

Did you know that you can now view and update your pension payment information online? Go to (gmbenefits.com) to view your pension payment history, change direct deposit elections and change federal and state withholding, where allowed by law. This service is not available to alternate payees under QDRO arrangements, or surviving spouses and beneficiaries receiving payments.

Sedgwick Claims Management Services, Inc
PO Box 69
Southfield, MI 48037-0069

DATE	CHECK AMT	CHECK NO.
06/04/2009	135.00	0001433283

PAYEE	TAX ID
SALVATORE SCIORTINO	

SCMS UNIT	PAGE
181 Sedgwick Claims Management Services	001

*001402 0001433283 00001 OF 00001 OPM 090603 1421

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

SALVATORE SCIORTINO
461 CHAMBERS ST
SPENCERPORT NY 14559

Claimant Name	Loss Date	Claim Number	SSN
SCIORTINO, SALVATORE	09/20/1984	8118119334-0001-01	
Amt Paid: 135.00		Description: Perm. Partial-Unscheduled	
Dates: 05/25/2009 - 05/31/2009		Comment:	

NE402-603

50

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, CHICAGO, DETROIT, SAN FRANCISCO, WILMINGTON, DEL., TORONTO OR MONTREAL

402603

This is to Certify that

VIVIAN SCIORTINO & SAM SCIORTINO
AS JOINT TENANTS
WITH RIGHT OF SURVIVORSHIP AND NOT
AS TENANTS IN COMMON

AUTHORIZED SIGNATURE

REGISTERED
THE CHASE MANHATTAN BANK,
(NATIONAL ASSOCIATION),
REGISTERED

*** FIFTY ***

FULLY PAID AND NON-ASSESSABLE SHARES OF THE PAR VALUE OF ONE AND TWO-THIRDS DOLLARS EACH OF THE COMMON STOCK

of General Motors Corporation, lawfully in power is by duly authorized authority upon a surrender of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all Amendments thereto and Supplements thereto. This Certificate is not valid until countersigned by a Transfer Clerk and registered by the Registrar.

FEBRUARY 8, 1968.

Edward B. Hallace

SECRETARY

E. M. Cole

PRESIDENT

TRANSFER CLERK

COUNTERSIGNED AND REGISTERED:
MORGAN SHAREHOLDER SERVICES TRUST COMPANY
TRANSFER AGENT
AND REGISTRAR
BY *Lorne H. Pine*
AUTHORIZED OFFICER

SLE REVERSE
FOR CERTAIN
DEFINITIONS

PAR VALUE \$123

-50-

OF THE STATE OF DELAWARE

GENERAL MOTORS CORPORATION

CUSIP 370442 10 5

5000000000
5000000000
5000000000
5000000000
5000000000

17094-58256

VIVIAN SCIORTINO & SAM
SCIORTINO JT TEN
2502 SOUTH UNION STREET
SPENCERPORT NY 14559

This is to Certify that

FIFTY

FULLY PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney upon surrender of this certificate properly endorsed. This certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all the amendments thereto and supplements thereto. This certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar. Witness the signatures of its duly authorized officers

Paul H. Zelenka
SECRETARY

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

MAR 31, 1989

Robert B. Smith
CHAIRMAN OF THE BOARD

PAR VALUE \$123

NX 944523

PAR VALUE \$123

-30-

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

OF THE STATE OF DELAWARE

58001 069-40-9190

This is to Certify that

SALVATORE SCIORTINO
2502 S UNION ST
SPENCEKPORT NY 14559

CUSIP 370442 10 5

SEE REVERSE
FOR CERTAIN
DEFINITIONS

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30
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30
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THIRTY

FULLY PAID AND NON ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney upon surrender of this certificate properly endorsed. This certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all the amendments thereto. This certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar. Witness the signatures of its duly authorized officers

MAY 17, 1989

Carl H. Gale
SECRETARY

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

Robert B. Smith
CHAIRMAN OF THE BOARD

COUNTERSIGNED AND REGISTERED
MORGAN SHAREHOLDER SERVICES TRUST COMPANY
BY *Lore H. Price* TRANSFER AGENT
AND REGISTRAR
AUTHORIZED OFFICER

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